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BIBDATASHEET**CONFIRMATION NO. 7010**

Bib Data Sheet

SERIAL NUMBER 09/175,522	FILING DATE 10/20/1998 RULE	CLASS 398	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. L0012/7001
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APPLICANTS

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** CONTINUING DATA *****

None HP

** FOREIGN APPLICATIONS *****

None HP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/02/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>HP</i> Initials	MA	4	21	2

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TITLE

OPTICAL SYNCHRONIZATION SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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